



STATE OF MISSOURI  
DEPARTMENT OF MENTAL HEALTH  
SOUTHEAST REGION

Human Resources  
1010 W. Columbia  
Farmington, MO 63640  
Office: 573-218-6800  
Fax: 573-218-6807

## EMPLOYMENT APPLICATION

**NOTE: INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED**

*Southeast Missouri Mental Health Center (SMMHC)*

*Please check one or both*

- Adult Psychiatric Services (APS)  
 Sex Offender Rehabilitation & Treatment Services (SORTS)

NAME (LAST)		(FIRST)	(MIDDLE)	SOCIAL SECURITY NUMBER	
ADDRESS		CITY	STATE	ZIP CODE	COUNTY
TELEPHONE NUMBER	ALTERNATE/CELL NUMBER	HAVE YOU WORKED UNDER ANY OTHER NAME? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, WHAT NAME(S)? _____		MAIDEN NAME	

WHAT POSITION(S) ARE YOU APPLYING?  RN  LPN  Psychiatric Technician  Direct Care Aide/Security Aide  
 Custodial Worker  Food Service Helper  Other \_\_\_\_\_

HOW DID YOU LEARN ABOUT THIS POSITION?  Newspaper  Division of Family Services  Family/Friend \_\_\_\_\_  
 Job Service  Just walked in  Other \_\_\_\_\_

FOR WHAT TYPE OF EMPLOYMENT ARE YOU APPLYING?  FULL TIME  PART TIME  TEMPORARY  ANY

WHAT IS THE MINIMUM SALARY YOU WILL ACCEPT? \_\_\_\_\_

STATE LAW PROHIBITS THE HIRING OF RELATIVES IN CERTAIN SITUATIONS. DO YOU HAVE ANY RELATIVES (such as - SPOUSE, CHILD, PARENT, SIBLING, GRANDPARENT OR GRANDCHILD) WORKING FOR THE DEPARTMENT OF MENTAL HEALTH?  Yes  No **IF YES, STATE DETAILS:** \_\_\_\_\_

HAVE YOU EVER BEEN EMPLOYED BY ANY STATE OF MISSOURI AGENCY?  Yes  No IF YES, STATE AGENCY NAME, JOB TITLE, DATES OF EMPLOYMENT, REASON FOR LEAVING & WHETHER ELIGIBLE FOR REHIRE \_\_\_\_\_

**According to Missouri State Statute you cannot work for DMH if you were convicted of a crime listed on this website <http://dmh.mo.gov/about/employeeineligibility/>. Convicted means found guilty, plead guilty or no contest, received a suspended imposition of sentence or a suspended execution of sentence. There is a way for you to ask for an exception if you were convicted of a crime listed on the website. The website explains the steps you would need to take to apply for an exception. If approved, an exception would allow you to work for DMH.**

TO YOUR KNOWLEDGE, DO YOU HAVE ANY RELATIVES OR FRIENDS CURRENTLY OR POTENTIALLY RECEIVING SERVICES AT SMMHC - ADULT PSYCHIATRIC SERVICES PROGRAM, SEX OFFENDER REHABILITATION AND TREATMENT SERVICES PROGRAM OR THE CORRECTIONAL TREATMENT CENTER PROGRAM?  Yes  No *IF YES, THIS WILL BE DISCUSSED CONFIDENTIALLY WITH THE INTERVIEWER.*

### RECORD OF EDUCATION

HAVE YOU GRADUATED FROM HIGH SCHOOL, OBTAINED A GED OR SUCCESSFULLY PASSED A HIGH SCHOOL EQUIVALENCY TEST?  YES  NO  
ARE YOU CURRENTLY ATTENDING SCHOOL/COLLEGE?  YES  NO

### LIST COLLEGE, UNIVERSITY OR VOCATIONAL SCHOOL BELOW

NAME AND LOCATION	DATES OF ATTENDANCE	COURSE OF STUDY	SEMESTER HOURS OR CLOCK HOURS COMPLETED	LIST DIPLOMA OR DEGREE ATTAINED
NAME				
LOCATION				
NAME				
LOCATION				

**RECORD OF EMPLOYMENT/MILITARY SERVICE/VOLUNTEER WORK**

**Begin with current or most recent employer. Include all employment history and explain any gaps in employment.  
(Attach additional sheets if necessary.)**

NAME AND ADDRESS OF EMPLOYER	FROM		TO		HOURS PER WEEK	POSITION HELD AND DUTIES	
	MONTH	YEAR	MONTH	YEAR			
							NAME OF SUPERVISOR
							TELEPHONE
							REASON FOR LEAVING
							NAME OF SUPERVISOR
							TELEPHONE
							REASON FOR LEAVING
							NAME OF SUPERVISOR
							TELEPHONE
							REASON FOR LEAVING
							NAME OF SUPERVISOR
							TELEPHONE
							REASON FOR LEAVING

MAY WE CONTACT YOUR CURRENT EMPLOYER(S)?  Yes  No MAY WE CONTACT YOUR FORMER EMPLOYER(S)?  Yes  No  
 IF YES, YOUR SIGNATURE BELOW AUTHORIZES ANY CURRENT AND/OR FORMER EMPLOYER TO FURNISH THE DEPARTMENT OF MENTAL HEALTH WITH ANY AND ALL INFORMATION CONCERNING YOUR EMPLOYMENT AND RELEASES ANY CURRENT AND/OR FORMER EMPLOYER FROM ALL LIABILITY FOR AND DAMAGES IN FURNISHING SUCH INFORMATION.

IF YOU ARE CURRENTLY CERTIFIED, REGISTERED, OR LICENSED TO PRACTICE YOUR PROFESSION OR OCCUPATION, GIVE NAME OF ASSOCIATION OR LICENSING AUTHORITY \_\_\_\_\_  
 CERTIFICATION, REGISTRATION, OR LICENSING NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_  
 CERTIFIED, REGISTERED, OR LICENSED IN THE STATE OF MISSOURI?  YES  NO

IF LICENSED, HAS YOUR PROFESSIONAL LICENSE (EXCEPT FOR DRIVER'S LICENSE) EVER BEEN DISCIPLINED, SUSPENDED, REVOKED, REPRIMANDED, RESTRICTED, CURTAILED, OR VOLUNTARILY SURRENDERED, OR DO YOU HAVE ANY PENDING COMPLAINTS BEFORE ANY REGULATORY BOARD OR AGENCY, OR IS THERE ANY INVESTIGATION OR ADVERSE ACTION NOW PENDING AGAINST YOU?  YES  NO IF YES, EXPLAIN ALL SUCH INCIDENTS, GIVING FACTS AND DATES, AND DESCRIBING ANY ACTION THAT YOU TOOK AND ANY RESOLUTION TO THE MATTER. (IF ADDITIONAL SPACE IS NEEDED, ATTACH A SEPARATE SHEET.)

SHOULD I BE EMPLOYED BY THIS FACILITY, I UNDERSTAND THAT I WILL BE REQUIRED TO FULFILL ALL ESSENTIAL FUNCTIONS OF THE JOB I AM HIRED TO PERFORM, WITH OR WITHOUT ACCOMODATION. INABILITY TO DO SO MAY RENDER ME NO LONGER QUALIFIED FOR THE POSITION, AND MAY BE CONSIDERED CAUSE FOR DISMISSAL. SMMHC REQUIRES ALL EMPLOYEES TO BE IMMUNIZED ANNUALLY WITH A FLU VACCINE, AT NO COST TO EMPLOYEES. EXCLUSIONS FROM THIS MANDATORY REQUIREMENT MAY BE GRANTED FOR CERTAIN MEDICAL CONTRAINDICATIONS OR RELIGIOUS BELIEFS. EXCEPTIONS MUST BE HANDLED IN ACCORDANCE WITH FACILITY OPERATIONS DIRECTIVE; "MANDATORY INFLUENZA VACCINATION" DATED AUGUST 1, 2013.

A DRUG SCREEN WILL BE PERFORMED PRIOR TO EMPLOYMENT. EMPLOYMENT WILL BE CONTINGENT UPON NEGATIVE RESULTS.

I UNDERSTAND THAT SOUTHEAST MISSOURI MENTAL HEALTH CENTER PROMOTES AN ALCOHOL & DRUG FREE WORK PLACE AND AGREE TO TESTING AS THE FACILITY DEEMS NECESSARY.

I UNDERSTAND THAT SOUTHEAST MISSOURI MENTAL HEALTH CENTER IS A TOBACCO FREE ENVIRONMENT WHICH PROHIBITS THE USE/POSSESSION OF ALL TOBACCO PRODUCTS ON GROUNDS, BUILDINGS, AND PARKING LOTS. I AGREE TO COMPLY WITH THE SOUTHEAST REGION POLICY, R-LD.190 – SMOKE/TOBACCO FREE CAMPUS.

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND THAT ANY FALSIFICATION OR MISREPRESENTATION MAY RESULT IN MY DISMISSAL AT ANY TIME THEREAFTER SHOULD I BE EMPLOYED BY THE STATE OF MISSOURI.

SIGNATURE	E-MAIL ADDRESS	DATE

**OFFICE USE ONLY:**  MESH record attached  No record found in MESH